

State of Michigan
 Department of Licensing and Regulatory Affairs
 Bureau of Health Professions
Michigan Automated Prescription System (MAPS)
 P.O. Box 30454, Lansing, Michigan 48909

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 Website: www.michigan.gov/mimapsinfo MAPS Online: <https://sso.state.mi.us>

REQUEST FOR MAPS REPORT – Law Enforcement/Government Agency/Other

Authority: P.A. 231 of 2001
 Completion: Voluntary

REQUEST INFORMATION

Physician/Pharmacy or Patient's First Name		Middle Name	Last Name
Street Address			
City		State	Zip Code
U.S. Social Security Number	Driver's License Number		Date of Birth (MM/DD/YYYY)
MI Professional License Number (if applicable)		DEA Number (if applicable)	
Report Period from _____ to _____ (Start Date) (End Date)		Aliases and Other Addresses (if known)	
Report Format Preferred <input type="checkbox"/> PDF <input type="checkbox"/> EXCEL <input type="checkbox"/> WINZIP			

REQUIRED: Provide a brief summary of the facts and circumstances under which you are requesting information regarding this practitioner or patient and how it relates to controlled substance issues.

Case Number: _____

AGENCY INFORMATION

Agency Name			
Street Address			
City		State	Zip Code
Telephone Number with Area Code		Fax Number with Area Code	

CERTIFICATION

I certify that this information shall be used only for bona fide controlled substance-related criminal investigatory or evidentiary purposes; or for the investigatory or evidentiary purposes in connection with the functions of a disciplinary subcommittee of one or more of the licensing or registration boards created under Article 15. I shall not provide this information to any other person or entity except by order of a court of competent jurisdiction.

Authorized Individual Name and Title (print)	
Authorized Individual Signature	Date

For Department of Licensing and Regulatory Affairs use only:

Approved: ☐ YES ☐ NO

MAPS Authorized Signature: _____ Date: _____

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.